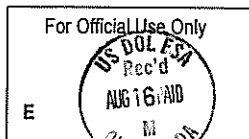


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7611</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>JOSEPH</u> <u>M</u> <u>ARDOIN, JR.</u> P.O. Box, Bldg., Room No., if any _____ Street <u>8875 GREENWELL SPRINGS RD</u> City <u>BATON ROUGE</u> State <u>Louisiana</u> ZIP Code + 4 <u>70814</u>	4. Name, file number, and address of labor organization. Name <u>CARPENTERS LOCAL 1098</u> Labor Organization File Number <u>017-160</u> P.O. Box, Building and Room Number, if any _____ Street <u>6755 AIRLINE HWY.</u> City <u>BATON ROUGE</u> State <u>Louisiana</u> ZIP Code + 4 <u>70805</u>
5. Position in labor organization. <u>TREASURER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following Interests (except as specified in the exclusions set forth in the instructions):

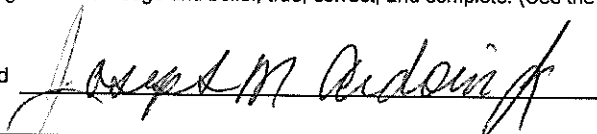
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

7-8-05
Date

225-927-6068
Telephone Number

Name of Person Filing JOSEPH ARDOIN, JR.	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name CARPENTERS LOCAL 1098 HEALTH & WELFARE FUND</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 8875 GREENWELL SPRINGS RD</p> <p>City BATON ROUGE</p> <p>State Louisiana ZIP Code + 4 70814</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name CARPENTERS LOCAL 1098 HEALTH & WELFARE FUND</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 8875 GREENWELL SPRINGS RD</p> <p>City BATON ROUGE</p> <p>State Louisiana ZIP Code + 4 70814</p>	<p>11.a. Nature of such dealing.</p> <p>JOSEPH ARDOIN IS THE FULL TIME FUND ADMINISTRATOR FOR THE REFERENCED ERISA FUND. HIS DUTIES INVOLVE OUT OF POCKET TRAVEL, MEETING, OFFICE SUPPLY PURCHASES. THESE EXPENSES ARE REIMBURSED BY THE ERISA FUND ON A MONTHLY BASIS.</p> <p>11.b. Approximate dollar value of such dealing. \$3,823</p> <p>12.a. Nature of interest held or income received.</p> <p>JOSEPH ARDOIN IS THE FULL TIME FUND ADMINISTRATOR FOR THE REFERENCED ERISA FUND. PURSUANT TO THE LABOR MGT. RELATIONS ACT, 1947, AS AMENDED, SECTION 302(c), the regular wages are exempt from reporting on form LM-30. Wages earned are reported on From W-2</p> <p>12.b. Amount. \$0</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. </p>

Name of Person Filing JOSEPH ARDOIN, JR.	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text" value="CARPENTERS LOCAL 1098 PENSION FUND"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text" value="8875 GREENWELL SPRINGS RD."/></p> <p>City <input style="width: 80%;" type="text" value="BATON ROUGE"/></p> <p>State <input style="width: 20%;" type="text" value="Louisiana"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="70814"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 80%;" type="text" value="CARPENTERS LOCAL 1098 PENSION FUND"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text" value="8875 GREENWELL SPRINGS RD."/></p> <p>City <input style="width: 80%;" type="text" value="BATON ROUGE"/></p> <p>State <input style="width: 20%;" type="text" value="Louisiana"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="70814"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>JOSEPH ARDOIN IS THE FULL TIME FUND ADMINISTRATOR FOR THE REFERENCED ERISA FUND. HIS DUTIES INVOLVE OUT OF POCKET TRAVEL, MEETING, OFFICE SUPPLY PURCHASES. THESE EXPENSES ARE REIMBURSED BY THE ERISA FUND ON A MONTHLY BASIS.</p> </div> <p>11.b. Approximate dollar value of such dealing. \$325</p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>JOSEPH ARDOIN IS THE FULL TIME FUND ADMINISTRATOR FOR THE REFERENCED ERISA FUND. PURSUANT TO THE LABOR MGT. RELATIONS ACT, 1947, AS AMENDED, SECTION 302(c), the regular wages are exempt from reporting on form LM-30. Wages earned are reported on Form W-2</p> </div> <p>12.b. Amount. \$0</p>

Name of Person Filing JOSEPH ARDOIN, JR.

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LA CARP'S REG. CL TRAINING TRUST FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 8875 GREENWELL SPRINGS

City BATON ROUGE

State Louisiana ZIP Code + 4 70814

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name LA CARP'S REG. CL TRAINING TRUST FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 8875 GREENWELL SPRINGS

City BATON ROUGE

State Louisiana ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

11.a. Nature of such dealing.

JOSEPH ARDOIN WAS A UNION TRUSTEE FOR PART OF THE YEAR 2004. In 2004 he resigned his position as Trustee & became the full time training admin. Reimbursed expenses for out of pocket costs at Southern States Appren. Conf and other meetings.

11.b. Approximate dollar value of such dealing.

\$1,449

12.a. Nature of interest held or income received.

JOSEPH ARDOIN IS THE FULL TIME FUND ADMINISTRATOR FOR THE REFERENCED ERISA FUND. This is an unpaid position to Mr. Ardoin.

12.b. Amount.

\$0

Name of Person Filing JOSEPH ARDOIN, JR.	File Number U-
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Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name HANCOCK BANK & TRUST</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. BOX 591</p> <p>Street</p> <p>City BATON ROUGE</p> <p>State Louisiana ZIP Code + 4 70821</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>INVESTMENT CUSTODIAN FOR ERISA PENSION, WELFARE, TRAINING FUNDS.</p> <p>11.b. Approximate dollar value of such dealing. \$39,725</p> <p>12.a. Nature of interest held or income received.</p> <p>CHRISTMAS GIFT BASKET RECEIVED, MR. ARDOIN HOLDS NO FINANCIAL INTEREST NOR RECEIVES ANY INCOME FROM HANCOCK BANK.</p> <p>12.b. Amount. \$100</p>

Name of Person Filing JOSEPH ARDOIN, JR.

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BRENNAN & ASSOCIATES

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 6045 ATLANTIC BLVD.

City NORCROSS

State Georgia

ZIP Code + 4 30071

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

BRENNAN & ASSOCIATES SERVES AS THE FUND CONSULTANT AND FUND ACTURAY FOR ERISA PENSION AND WELFARE FUNDS.

11.b. Approximate dollar value of such dealing.

\$88,397

12.a. Nature of interest held or income received.

BRENNAN & ASSOCIATES PURCHASED A DINNER BEFORE AN ERISA PENSION, WELFARE FUND BOARD MEETING.

12.b. Amount.

\$50

Name of Person Filing JOSEPH ARDOIN, JR.

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name DAVIS, HAMILTON & JACKSON

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 5 HOUSTON CENTER

Street 1401 MCKINNEY, SUITE1600

City HOUSTON

State Texas ZIP Code + 4 77010-4035

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

INVESTMENT MANAGER FOR ERISA PENSION FUND

11.b. Approximate dollar value of such dealing.

\$54,124

12.a. Nature of interest held or income received.

INVESTMENT MANAGER SPONSORED A GOLFING EVENT THAT MR. ARDOIN WAS INVITED TO.

12.b. Amount.

\$75